## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	01-21-2014	Address:	2998 W PARK DR
Incident #:	14ISPC000497		HUNTINGTON, IN
County:	HUNTINGTON		46750
Type of Labo	oratory Seizure (check one)	<b>Seizure Location</b> (	check all that apply)
<ul> <li>✓ Operational Lab</li> <li>☐ Chemical/Glassware/Equipment (only)</li> <li>☐ Dumpsite (only)</li> </ul>		Residence Outbuilding Vehicle	
(check all that	<b>Location</b> (bedroom, kitchen, open air, eapply)  Birch Reaction(s): ROOM	<u>tc)</u>	
Red Phosphorous/Iodine Reaction(s):			
Hydrochlo	oric Acid Gas Generator(s): ROOM		
⊠ Flammable	e Solvents: ROOM		
☐ Water Rea	ctive Metal (Lithium):		
Anhydrous Ammonia:			
	Acid: ROOM		
	Base: ROOM		
Other (iter	m and location): COLD PACK/ROOM		
Vehicle Infor	emation:		
Owner: VIN: Year:		Make: Model:	
Yes No	age 18 discovered (check appropriate) _ (number present)  not present but evidence they reside	unclean Estimated len occurring: U	ions of home:  clean  disarray disarray disarray distributed clean disarray distributed disarray distributed distr
This report h	as been faxed* or emailed to the fol	lowing agencies tha	t serve the location:
Health Depart	ent City, Township or County <u>HUNTI</u> ment County: <u>HUNTINGTON CO</u> f Child Services Hotline: <u>dcshotlinere</u>	Fax:	Fax: <u>E-MAILED</u> <u>E-MAILED</u> x: 317-234-7595 or 317-234-7596
For further info Investigating O	rmation regarding this methamphetam fficer: Phone	ine laboratory, conta	act
This form is to be	a faved to the Fire Department, Health Depart	ment and/or Department	of Child Services listed within 24 hours of

scene processing.